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APPLICANTS

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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged Examiner's Signature  Initials	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Reclining back with anti-tip protection for wheelchairs

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